

**PATENT OFFICE DATE STAMP WILL ACKNOWLEDGE RECEIPT OF:**

1. New Patent Application (92 pages including claims & Abstract)
2. 42 (forty-two) Formal Drawings
3. Transmittal W/Certificate of Express Mail in Dupl.
4. Claim of Priority W/Japanese Priority Documents 2002-252062; 2002-252063;  
2002-252064; 2003-078192; 2003-086215; 2003-095882
5. Check in the Amount of \$1,092.00
6. Express Mail Label No.: EV185861978US

Applicant: Hitoshi Suzuki, et al.  
For: HOSPITAL INFORMATION SYSTEM  
Filed: Herewith  
Docket: 16987  
Dated: August 28, 2003  
TS:cm

Serial No.: \_\_\_\_\_

15424 U.S. PTO

10/650615



08/28/03

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>16987</b>	
Applicant(s): <b>Hitoshi Suzuki, et al.</b>						
Application No. <b>10/650,615</b>	Filing Date <b>August 28, 2003</b>	Examiner <b>Dilek B. Cobanoglu</b>	Customer No. <b>23389</b>	Group Art Unit <b>3626</b>	Confirmation No. <b>8928</b>	
Invention: <b>HOSPITAL INFORMATION SYSTEM</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	18    -	39    =	0	x    \$52.00	\$0.00	
INDEP. CLAIMS	8    -	11    =	0	x    \$220.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>191013</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
/Thomas Spinelli/ <i>Signature</i>			Dated: <b>March 19, 2009</b>			
<b>Thomas Spinelli</b> <b>Registration No.: 39,533</b>			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  <div style="text-align: center;">(Date)</div>   <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div>   <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div> </div>			
CC:						